

prop

Misc. ~~MASSA~~ 94-97

1 of 2

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Coalition to Protect California's Budget & Economy, Yes on 94 95 96 97 Sponsored by a Group of Indian Gaming Tribes			<b>Date of This Filing</b> 02/01/2008 in the office of the Secretary of State of the State of California		<b>Date Stamp</b> <b>RECEIVED AND FILED</b> <b>CALIFORNIA FORM 497</b> FEB 01 2008 <b>DEBRA BOWEN</b> Secretary of State 1 / 2	
<b>AREA CODE/PHONE NUMBER</b> (916) 556-1776		<b>I.D. NUMBER (if applicable)</b> 1300585		<b>Report No.</b> LCM-80129		
<b>STREET ADDRESS</b>			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		<b>For Official Use Only</b>  L  MA	
<b>CITY</b> Sacramento		<b>STATE</b> CA	<b>ZIP CODE</b> 95814			

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment: \_\_\_\_\_

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Coalition to Protect California's Budget & Economy, Yes on 94 95 96 97 Sponsored by a Group of Indian Gaming Tribes		Date of This Filing _____	<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California  FEB 01 2008  <b>DEBRA BOWEN</b> Secretary of State 2 / 2	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE PHONE NUMBER	I.D. NUMBER (if applicable) 1300585	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
		No. of Pages _____		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/29/2008 1	California Republican Party  Burbank CA 91506 ID: 810163 Ref: <input type="checkbox"/>	Ballot: Dist:	500000.00	
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_

MD

94-97

1 of 2

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Pechanga Band of Luiseno Indians		Date of This Filing 02/01/2008	Date Stamp	CALIFORNIA FORM 497 For Official Use Only R
AREA CODE/PHONE NUMBER (909) 676-2768	I.D. NUMBER (if applicable) 498071	Report No. LCM-8020	the office of the Secretary of State of the State of California	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	FEB 01 2008	
CITY Temecula	STATE CA	ZIP CODE 92593	No. of Pages 2	DEBRA BOWEN Secretary of State

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

## \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment: \_\_\_\_\_

2 of 2

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Pechanga Band of Luiseno Indians		Date of This Filing _____	<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California  <b>FEB 01 2008</b>  <b>DEBRA BOWEN</b> Secretary of State  2 / 2	<b>CALIFORNIA FORM 497</b>  For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 498071	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
02/01/2008 	Coalition to Protect California's Budget & Economy  Sacramento CA 95814 ID: 1300585	Statewide 94 95 96 97 Ballot: Dist:	5593.43	
02/01/2008 	Coalition to Protect California's Budget & Economy  Sacramento CA 95814 ID: 1300585 Ref: <input type="checkbox"/>	Statewide 94 95 96 97 Ballot: Dist:	8284.50	
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_



MD

Prop 94-97

1 of 2

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Pechanga Band of Luiseno Indians			Date of This Filing 02/01/2008	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only  R
AREA CODE/PHONE NUMBER (909) 676-2768	I.D. NUMBER (if applicable) 498071		Report No. LCM-80131	RECEIVED AND FILED Office of the Secretary of State of the State of California FEB 01 2008 DEBRA BOWEN Secretary of State	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Temecula	STATE CA	ZIP CODE 92593	No. of Pages 2		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

## \*Contributor Codes

IND - Individual

PTY - Political Party

COM - Recipient Committee (other than PTY or SCC)

SCC - Small Contributor Committee

OTH - Other

Reason for Amendment: \_\_\_\_\_

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

2 of 2

LATE CONTRIBUTION REPORT

NAME OF FILER Pechanga Band of Luiseno Indians		Date of This Filing _____	<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California  <b>FEB 01 2008</b>  <b>DEBRA BOWEN</b> Secretary of State	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE PHONE NUMBER	I.D. NUMBER (if applicable) 498071	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
		No. of Pages _____		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/31/2008 1	Coalition to Protect California's Budget & Economy  Sacramento CA 95814 ID: 1300585 Ref: L	Statewide 94 95 96 97	5000000.00	
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_

68

Prop 94-97

1 of 2

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

## NAME OF FILER

Fair Public Policy Coalition, a Committee of California Horse Racing  
Companies including Bay Meadows Land Company, LLC and its affiliates

AREA CODE/PHONE NUMBER

316-348-9100

I.D. NUMBER (if applicable)

1291660

STREET ADDRESS

CITY

Sacramento, CA 95841

STATE

ZIP CODE

Date of

This Filing 02/01/2008

Report No.

02012008-1

☐ Amendment  
to Report No. \_\_\_\_\_  
(explain below)

No. of Pages

2

Date Stamp

RECEIVED AND FILED

in the office of the Secretary of  
the State of California

FEB 01 2008

DEBRA BOWEN  
Secretary of StateCALIFORNIA  
FORM

497

For Official Use Only

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## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/01/2008	Hollywood Park Racing Association  Inglewood, CA 90301	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150,000.00  <input type="checkbox"/> Check if Loan
02/01/2008	Bay Meadows Racing Association, Inc.  San Mateo, CA 94403	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150,000.00  <input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan

## \*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

FPPC Form 497 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

02/01/2008 17:18 9163489111

RIVER CITY BUSINESS

PAGE 02/02

2 of 2

## Late Contribution Report

Type or print in Ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Fair Public Policy Coalition, a Committee of California Horse Racing Companies including Bay Meadows Land Company, LLC and its affiliates		Date of This Filing 02/01/2008	Date Stamp FEB 01 2008	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 916-348-9100	ID NUMBER (if applicable) 1291660	Report No. 02012008	in the office of the Secretary of State of the State of California	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		DEBRA BOWEN Secretary of State
CITY Sacramento, CA 95811	STATE CA	ZIP CODE 95811	No. of Pages 2	

## Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
02/01/2008	Californians Against Unfair Deals, No on 94, 95, 96 & 97 (#1300272)  Sacramento, CA 95814	Amended Indian Gaming Compacts. 94, 95, 96 & 97  Statewide	150,000.00	02/05/2008
02/01/2008	Californians Against Unfair Deals, No on 94, 95, 96 & 97 (#1300272)  Sacramento, CA 95814	Amended Indian Gaming Compacts. 94, 95, 96 & 97  Statewide	150,000.00	02/05/2008
02/01/2008	Californians Against Unfair Deals, No on 94, 95, 96 & 97 (#1300272)  Sacramento, CA 95814	Amended Indian Gaming Compacts. 94, 95, 96 & 97  Statewide	200.00	02/05/2008

Reason for Amendment \_\_\_\_\_

FPPC Form 497 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3772)



Prop

94-97

1 of 2

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Tribes for Fair Play, No on 94, 95, 96, and 97		<b>Date of This Filing</b> 02/01/2008 <b>Report No.</b> 193301-15 <input type="checkbox"/> Amendment to Report No. (explain below) <b>No. of Pages</b> 2	<b>RECEIVED AND FILED</b> Office of the Secretary of State of the State of California FEB 01 2008 <b>DEBRA BOWEN</b> Secretary of State	<b>CALIFORNIA FORM 497</b> For Official Use Only R
<b>AREA CODE/PHONE NUMBER</b> 916-442-7757	<b>I.D. NUMBER (if applicable)</b> 1300196			
<b>STREET ADDRESS</b> CITY Sacramento, CA ZIP CODE 95814				

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/01/2008	Pala Band of Mission Indians Pala, CA 92059	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500,000.00 <input type="checkbox"/> Check if Loan
02/01/2005	United Auburn Indian Community of the Auburn Rancheria Rocklin, CA 95765	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500,000.00 <input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan

### \*Contributor Codes

IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other (e.g., business entity)

PTY - Political Party  
SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

8108

94.97

2 of 2

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Tribes for Fair Play, No on 94, 95, 96, and 97		Date of This Filing 02/01/2008	Date Stamp 02/01/2008	<b>RECEIVED / FILED</b> Office of the Secretary of State of the State of California  Report No. 197301-15 FEB 01 2008  <input type="checkbox"/> Amendment to Report No. (explain below) <b>DEBRA BOWEN</b> Secretary of State  No. of Pages 2	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 916-442-7757	ID. NUMBER (if applicable) 1300196				
STREET ADDRESS					
CITY Sacramento, CA	STATE CA	ZIP CODE 95814			

## Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER ID. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
02/01/2008	Californians Against Unfair Deals, No on 94, 95, 96, 97 (#1300272)  Sacramento, CA 95814	Californians Against Unfair Deals, No on 94, 95, 96, 97 Statewide	1,455,000.00	02/05/2008

Reason for Amendment: \_\_\_\_\_

Prop 97

1 of 2

## 496 Independent Expenditure Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Rincon Band of Luiseno Indians		Date of This Filing 2/1/2008	RECEIVED FILED in the office of the Secretary of State of the State of California FEB 01 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 760-749-1051	I.D. NUMBER (if applicable) 1253787	Report No. 2008-1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Valley Venter	STATE CA	ZIP CODE 92082	No. of Pages 2	n

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED

OFFICE SOUGHT OR HELD

DISTRICT NO.

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED

Referendum on Amendment of Gaming Compact [Chapter 41, Stat 2007]

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

97

Statewide

✓

## 2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
2/1/2008	Advertisement in San Diego Union Tribune (re Props 94-97; 1/4 of expenditure reported here)	\$4,272.53
2/1/2008	Advertisement in North County Times: Californian (re Props. 94-97; 1/4 of expenditure reported here)	\$1,803.90

Reason for Amendment: \_\_\_\_\_



Prop 97

1 of 2

## 496 Independent Expenditure Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Rincon Band of Luiseno Indians		Date of This Filing 2/1/2008	RECEIVED In the office of the Secretary of State of the State of California FEB 01 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 496 For Official Use Only N
AREA CODE/PHONE NUMBER 760-749-1051	I.D. NUMBER (if applicable) 1253787	Report No. 2008-1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Valley Venter	STATE CA	ZIP CODE 92082		
		No. of Pages 2		

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Referendum on Amendment of Gaming Compact [Chapter 41, Stat 2007]			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER 97	JURISDICTION Statewide	SUPPORT	OPPOSE ✓

## 2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
2/1/2008	Advertisement in San Diego Union Tribune (re Props 94-97; 1/4 of expenditure reported here)	\$4,272.53
2/1/2008	Advertisement in North County Times: Californian (re Props. 94-97; 1/4 of expenditure reported here)	\$1,803.90

Reason for Amendment: \_\_\_\_\_



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Prop 95

1 of 2

5/10

04:29:16 p.m. 02-01-2008

Rincon Band of Luiseno I

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## 496 Independent Expenditure Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Rincon Band of Luiseno Indians		Date of This Filing 2/1/2008	RECEIVED AND FILED In the office of the Secretary of State of the State of California FEB 01 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 496 For Official Use Only R
AREA CODE/PHONE NUMBER 760-749-1051	I.D. NUMBER (if applicable) 1253787	Report No. 2008-1		
STREET ADDRESS				
CITY Valley Venter	STATE CA	ZIP CODE 92082		

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD				Referendum on Amendment of Gaming Compact [Chapter 38, Stat 2007]			
DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE	
			95	Statewide		✓	

## 2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
2/1/2008	Advertisement in San Diego Union Tribune (re Props 94-97; 1/4 of expenditure reported here)	\$4,272.53
2/1/2008	Advertisement in North County Times: Californian (re Props. 94-97; 1/4 of expenditure reported here)	\$1,803.90

Reason for Amendment: \_\_\_\_\_

## 496 Independent Expenditure Report

496 INDEPENDENT EXPENDITURE REPORT

CALIFORNIA  
FORM **496**

I.D. NUMBER (If applicable)

NAME OF FILER

Rincon Band of Luiseno Indians

## 3. Contributions of \$100 or More Received \*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

## \*\*Contributor Codes

IND – Individual  
 COM – Recipient Committee (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

7/10

02-01-2008

04:29:47 p.m.

Rincon Band of Luiseno I

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MD

Prop 96

1 of 2

## 496 Independent Expenditure Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Rincon Band of Luiseno Indians		Date of This Filing 2/1/2008	<b>RECEIVED AND FILE</b> in the office of the Secretary of State of the State of California FEB 01 2008 <b>DEBRA BOWEN</b> Secretary of State	<b>CALIFORNIA FORM 496</b> For Official Use Only
AREA CODE/PHONE NUMBER 760-749-1051	I.D. NUMBER (if applicable) 1253787	Report No. 2008-1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 2	
CITY Valley Venter	STATE CA	ZIP CODE 92082		

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
				Referendum on Amendment of Gaming Compact [Chapter 39, Stat 2007]			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
				96	Statewide		✓

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
2/1/2008	Advertisement in San Diego Union Tribune (re Props 94-97; 1/4 of expenditure reported here)	\$4,272.53
2/1/2008	Advertisement in North County Times: Californian (re Props. 94-97; 1/4 of expenditure reported here)	\$1,803.90

Reason for Amendment: \_\_\_\_\_

20F2

# 496 Independent Expenditure Report

496 INDEPENDENT EXPENDITURE REPORT

CALIFORNIA  
FORM **496**

I.D. NUMBER (if applicable)

NAME OF FILER

Rincon Band of Luiseno Indians

## 3. Contributions of \$100 or More Received \*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

### \*\*Contributor Codes

IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 496 (November/07)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)



MD

Prop 94

1 of 2

## 496 Independent Expenditure Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Rincon Band of Luiseno Indians		Date of This Filing 2/1/2008	Date Stamp FEB 01 2008	<b>CALIFORNIA FORM 496</b> For Official Use Only  R
AREA CODE/PHONE NUMBER 760-749-1051	I.D. NUMBER (if applicable) 1253787	Report No. 2008-1	in the office of the Secretary of State of the State of California	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	No. of Pages 2	
CITY Valley Venter	STATE CA	ZIP CODE 92082	DEBRA BOWEN Secretary of State	

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD				Referendum on Amendment of Gaming Compact [Chapter 40, Stat 2007]			
DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE	
			94	Statewide		✓	

## 2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
2/1/2008	Advertisement in San Diego Union Tribune (re Props 94-97; 1/4 of expenditure reported here)	\$4,272.53
2/1/2008	Advertisement in North County Times: Californian (re Props. 94-97; 1/4 of expenditure reported here)	\$1,803.90

Reason for Amendment: \_\_\_\_\_

## 496 Independent Expenditure Report

496 INDEPENDENT EXPENDITURE REPORT

CALIFORNIA  
FORM **496**

I.D. NUMBER (If applicable)

NAME OF FILER

Rincon Band of Luiseno Indians

## 3. Contributions of \$100 or More Received \*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

## \*\*Contributor Codes

IND – Individual  
 COM – Recipient Committee (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

md

# Late Contribution Report

94, 95, 96, 97

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Pala Band of Mission Indians and affiliated entity Pala Casino		Date of This Filing 02/01/2008	RECEIVED Office of the Secretary of State of the State of California FEB 01 2008	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 443-6911	I.D. NUMBER (if applicable) 1242839	Report No. 162401-12	DEBRA BOWEN Secretary of State	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Pala, CA 92059	STATE	ZIP CODE	No. of Pages 1	

## Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
02/01/2008	Tribes for Fair Play, No on 94, 95, 96, & 97 (#1300196)  Sacramento, CA 95814	Tribes for Fair Play No on 94, 95, 96, 97	500,000.00	02/05/2008

Reason for Amendment: \_\_\_\_\_

941-97

MD

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> United Auburn Indian Community of the Auburn Rancheria		<b>Date of This Filing</b> 02/01/2008 <b>Report No.</b> 155003-16 <input type="checkbox"/> Amendment to Report No. (explain below) <b>No. of Pages</b> 3	<b>RECEIVED AND FILED</b> Date Stamp of the Secretary of State of the State of California FEB 01 2008 <b>DEBRA BOWEN</b> Secretary of State	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (916) 244-8550	<b>I.D. NUMBER (if applicable)</b> 1246083			
<b>STREET ADDRESS</b>				
<b>CITY</b> Rocklin, CA	<b>STATE</b> CA	<b>ZIP CODE</b> 95765		

## Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COLLEAGUE, ALSO ENTER I.D. N.J./BEN)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
02/01/2003	Tribes for Fair Play (W1300156)  Sacramento, CA 95814		500,000.00	02/05/2008

Reason for Amendment: \_\_\_\_\_

JP

P 001/001  
(FAX) 916 442 7771  
155003  
FEB-01-2008 (FRI) 13:25



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Armen D. Ross

Feb 01 08 09:30p

SM

Prop 94-97

# Slate Mailer Late Payment Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California  
Date Stamp  
FEB 01 2008  
DEBRA BOWEN  
Secretary of State

SLATE MAILER LATE PAYMENT REPORT  
CALIFORNIA FORM 498  
For Official Use Only  
R

NAME OF SLATE MAILER ORGANIZATION		STREET ADDRESS	
LOS ANGELES COUNTY COMMUNITY DEMOCRAT			
AREA CODE/PHONE NUMBER	OPTIONAL: FAX/F-MAIL	I.D. NUMBER	CITY
323.712.5800		598046	LOS ANGELES
		STATE	ZIP CODE
		CA	90045

Late Payment(s) Received From:	
NAME	I.D. NUMBER (if applicable)
COALITION TO PROTECT CALIFORNIA'S BUDGET AND ECONOMY	
ADDRESS	CITY STATE ZIP CODE
	SACRAMENTO, CA 95814
OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)	
DATE RECEIVED:	AMOUNT
01 / 31 / 2008	\$ 25000.00

NAME OF CANDIDATE OR BALLOT MEASURE:	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
PROPOSITION 94	
OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED
STATE	\$ 6250.00

NAME OF CANDIDATE OR BALLOT MEASURE:	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
PROPOSITION 95	
OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED
STATE	\$ 6250.00

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

1/9

LATE CONTRIBUTION REPORT

NAME OF FILER California Republican Party			Date of This Filing 01/31/2008	Date Stamp FEB 01 2008	<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California <b>DEBRA BOWEN</b> Secretary of State <i>R/L</i>
AREA CODE/PHONE NUMBER (818) 841-5210	ID. NUMBER (if applicable) 810163		Report No. 1		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No.		
CITY Burbank	STATE CA	ZIP CODE 91508	No. of Pages 9		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/31/2008 	Pechanga Band Of Mis  Temecula CA 92593 ID: Reference No:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		25000.00
01/31/2008 	CA Refuse Removal Council South PAC  Orange CA 92868 ID: 781465 Reference No:	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		1250.00

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/31/2008 	Johnson Clark Associates Mill Valley  Mill Valley CA 94941 ID: WCJ Reference No: 020120080E62605	Prop. 92 Fair Education Fund  Dist NO: Ballot NO:	4015.31	02/04/2008
01/31/2008 	Johnson Clark Associates  Sacramento CA 95821 ID: WCJ Reference No: 020120080E62608	CA Term Limits Defense Fund  Dist NO: Ballot NO:	196750.19	02/04/2008

CP 2/4  
**Late Contribution(s) Received**

Name of Filer California Republican Party

Committee ID

810163

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/31/2008 	Los Angeles Co Waste Assoc. PAC  Orange CA 92868 ID: 124-4807 Reference No:	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		1250.00

\* Contributor Codes

IND - Individual COM -Recipient Committee OTH -Other



CP **Late Contribution(s) Made**

3/4

Name of Filer California Republican Party

Committee ID

810163

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/31/2008 	Johnson Clark Associates  Sacramento CA 95814 ID: WCJ Reference No: 020120080E62607	Prop. 94 Indian Gaming Ch 40  Dist NO: Ballot NO:	49187.55	02/04/2008
01/31/2008 	Johnson Clark Associates  Sacramento CA 95814 ID: WCJ Reference No: 020120080E62608	Prop. 95 Indian Gaming Ch. 38  Dist NO: Ballot NO:	49187.55	02/04/2008
01/31/2008 	Johnson Clark Associates  Sacramento CA 95814 ID: WCJ Reference No: 020120080E62609	Prop. 96 Indian Gaming Ch. 39  Dist NO: Ballot NO:	49187.55	02/04/2008
01/31/2008 	Johnson Clark Associates  Sacramento CA 95814 ID: WCJ Reference No: 020120080E62610	Prop. 97 Indian Gaming Ch. 41  Dist NO: Ballot NO:	49187.55	02/04/2008
01/31/2008 	Johnson Clark Associates Sacramento  Sacramento CA 95814 ID: WCJ Reference No: 020120080E62604	Prop. 91 CA to Improve Traffic  Dist NO: Ballot NO:	4015.31	02/04/2008
01/30/2008 	Cardinal Communication  Sacramento CA 95814 ID: CARDINAL Reference No: 012220080E62502	Prop. 94 Indian Gaming Ch 40  Dist NO: Ballot NO:	21300.00	02/04/2008
01/30/2008 	Cardinal Communication  Sacramento CA 95814 ID: CARDINAL Reference No: 012220080E62503	Prop. 95 Indian Gaming Ch. 38  Dist NO: Ballot NO:	21300.00	02/04/2008



# Late Contribution(s) Made

Name of Filer California Republican Party

Committee ID

810163

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/30/2008 	Cardinal Communication  Sacramento CA 95814 ID: CARDINAL Reference No: 012220080E62504	Prop. 96 Indian Gaming Ch. 39  Dist NO: Ballot NO:	21300.00	02/04/2008
01/30/2008 	Cardinal Communication  Sacramento CA 95814 ID: CARDINAL Reference No: 012220080E62505	Prop. 97 Indian Gaming Ch. 41  Dist NO: Ballot NO:	21300.00	02/04/2008
01/30/2008 	Forde and Molrich  Sacramento CA 95814 ID: F&M Reference No: 012220080E62508	Prop. 94 Indian Gaming Ch 40  Dist NO: Ballot NO:	162500.00	02/04/2008
01/30/2008 	Forde and Molrich  Sacramento CA 95814 ID: F&M Reference No: 012220080E62509	Prop. 95 Indian Gaming Ch. 38  Dist NO: Ballot NO:	162500.00	02/04/2008
01/30/2008 	Forde and Molrich  Sacramento CA 95814 ID: F&M Reference No: 012220080E62510	Prop. 96 Indian Gaming Ch. 39  Dist NO: Ballot NO:	162500.00	02/04/2008
01/30/2008 	Forde and Molrich  Sacramento CA 95814 ID: F&M Reference No: 012220080E62511	Prop. 97 Indian Gaming Ch. 41  Dist NO: Ballot NO:	162500.00	02/04/2008